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Occupational Safety and Health

Goal

Promote worker health and safety through prevention and early intervention.

Overview

Currently, Kentucky's occupational fatality rate is 7 deaths per 100,000 workers (Kentucky Fatality Assessment and Control Evaluation (FACE) program data, 2004), 72.5 percent above the national rate of 4 per 100,000 workers. The nonfatal worker injury rate is also greater in Kentucky at 6.4 injuries and illnesses per 100 workers compared to a total worker injury rate of 5 injuries and illnesses per 100 workers nationwide (Bureau of Labor Statistics [BLS], 2004). FACE data indicate that a total of 2,248 years of potential life were lost (YPLL) in 2003 due to work-related injuries. Lost future productivity attributable to these injuries is an estimated \$65.2 million dollars.

From 1994 through 2004, 1,445 Kentucky workers were killed on the job, averaging 131 per year (Kentucky FACE data). Kentucky's occupational fatality rates are twice as high as national rates in agriculture, forestry, fishing, transportation, and mining.

Summary of Progress

While interventions have been developed for the workplace, targeted prevention interventions are needed in the transportation and construction sectors. Kentucky's construction worker fatal injury rate has not improved since 1998.

Strides have been made in the agriculture, forestry, and fishing industry sectors for the prevention of occupational injuries. Tractor rollover protection structures (ROPS) continue to be promoted by disseminating prevention materials, FACE tractor report text analysis results, and a CD developed by the Community Partners for Healthy Farming project. These materials focus on reducing tractor fatalities by retrofitting tractors with a ROPS and encouraging safe tractor operation through public service announcements, exercises, simulations, motor vehicle crash prevention materials, and other similar materials. This information is designed to be used by local health educators and injury prevention coordinators.

Statewide nonfatal occupational injury and illness surveillance began in 2005 for a number of injuries and illnesses, including pneumoconiosis hospitalizations and mortality, occupational poisonings, blood lead levels, amputations, work-related burns, malignant mesothelioma incidence, and carpal tunnel syndrome, among others. This program will bring a consistent approach to the analysis of existing data sets through the use of uniform methods, results, and interpretation of findings within Kentucky and among states.

Progress toward Achieving Each HK 2010 Objective

Summary of Objectives for Occupational Safety and Health	Baseline	HK 2010 Target	Mid- Decade Status	Progress	Data Source
8.1R. Reduce deaths from work-related injuries to no more than 3.6 per 100,000 full time workers.	6/ 100,000 (1998)	≤3.6/ 100,000	6.8/ 100,000 (2004)	No	FACE
8.2. Reduce deaths from work-related injuries among agriculture and forestry occupations to no more than 40 per 100,000 full time agriculture, forestry, and fishing workers.	79/ 100,000 (1998)	≤40/ 100,000	46/ 100,000 (2004)	Yes	FACE
8.3. Reduce deaths from work-related injuries among construction occupations to no more than 12.5 per 100,000 full-time construction workers.	25/ 100,000 (1998)	≤12.5/ 100,000	24/ 100,000 (2004)	Yes	FACE
8.4R. Reduce the number of pneumoconiosis deaths by 10 percent.	Data not yet available	Reduce by 10%	Data not yet available	TBD	

R = Revised objective

TBD = To be determined. Reliable data do not exist.